

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 567983

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7	1					
8						
9						
10						
11						
12						
13						
14	1					
15	1					
16						
17	1					
18		2				
19		2				
20		2				
21	1					
22						
23	1					
24	1					
25	1					
26						
27		2				
28	1					
29	1					
30	1					
31		2				
32		2				
33						
34			1			
35				1		
36						
37						
38			1			
39				1		
40						
41			1			
42						
43				1		
44						
45						
46						
47						
48			1			
49				1		
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		2		2		2

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			1			
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	1	←		←
TOTAL CLAIMS		2	2	2		2